

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer:	Delaware Valley Reg High School	County:	Hunterdon
2	Employee Organization:	Delaware Valley Reg Admin Assn	Number of Employees in Unit:	5
3	Base Year Contract Term:	7/1/2014-6/30/2017	New Contract Term:	7/1/2017-6/30/2020

SECTION II: Type of Contract Settlement (please check only one)

- 4 Contract settled without neutral assistance
- 5 Contract settled with assistance of mediator
- 6 Contract settled with assistance of fact-finder
- 7 Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?

Yes No

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ 633,585
10	Longevity Costs in Base Year	\$ 0
11	Total Salary Base	\$ 633,585

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	7/1/2017	7/1/2018	7/1/2019		
13 Cost of Salary Increments (\$)	7,849	7,945	8,045		
14 Salary Increase Above Increments (\$)	11,099	11,571	12,056		
15 Longevity Increase (\$)	0	0	0		
16 Total \$ Increase (sum of lines 13-15)	18,948	19,516	20,101		
17 New Salary Base (\$)	652,533	672,049	692,150		
18 Percentage increase over prior year	3.0 %	3.0 %	3.0 %		%

*If contract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Cell Phone Reimb	0	3,000	0	0		
	Classroom Coverage	\$32/hr-\$47/hr					
20	Totals(\$):	0	3,000				

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 44,310	\$ _____
22	Prescription Plan Cost	\$ 12,772	\$ _____
23	Dental Plan Cost	\$ 2,927	\$ _____
24	Vision Plan Cost	\$ 534	\$ _____
25	Total Cost of Insurance	\$ 60,543	\$ _____
26	Employee Insurance Contributions	\$ 21,190	\$ _____
27	Employee Contributions as % of Total Insurance Cost	35	% 35 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

No changes to health benefits

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Teresa Barna

Position/Title: Business Administrator

Signature: Teresa Barna

Date: January 3, 2019

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016